

EXHIBIT "A"

[FLORIDA TRAFFIC CRASH REPORT]

FLORIDA TRAFFIC CRASH REPORT LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS, NEB. KROMAN BUILDING, TALLAHASSEE, FL 32309-0500

DO NOT WRITE IN THIS SPACE

DATE OF CRASH 06 / 03 / 07		TIME OF CRASH 9:40 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		TIME OFFICER ADVISED 10:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		TIME OFFICER ADVISED 10:45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		INVEST. AGENCY REPORT NUMBER BS07-06-4150		HSMV CRASH REPORT NUMBER 70301598	
COUNTY / CITY CODE 10-38		FEET or MILE(S) 940		CITY OR TOWN Ft. Lauderdale		COUNTY Broward					
AT NODE NO.		FEET or MILE(S)		FROM NODE NO.		NEXT NODE NO.		NO. OF LANES 6		ON STREET, ROAD OR HIGHWAY S. State Road 7 (U.S. 441)	
AT THE INTERSECTION OF (street, road or highway)		FEET or MILE(S)		FROM INTERSECTION OF (street, road or highway)		Riverland Road					

DRIVER ACTION 1. Position 2. HE & Run 3. N/A	YEAR 99	MAKE Dodg	TYPE 02	USE 01	VEH LICENSE NUMBER C72 8CN	STATE FL	VEHICLE IDENTIFICATION NUMBER 1B4GP44G4XB520903	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREAS			
VEHICLE TRAVELING <input checked="" type="checkbox"/> ON <input type="checkbox"/> AT <input type="checkbox"/> Est. MPH 40 <input type="checkbox"/> Posted Speed 45								EST. VEHICLE DAMAGE 2,000.00		EST. TRAILER DAMAGE 2	

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Ocean Harbor Insurance Casualty Co.		POLICY NUMBER JAJ243923301		VEHICLE REMOVED BY: BSO		1. Tow Station Ltd 2. Driver 3. Tow Owner's Request 4. Other	
NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input checked="" type="checkbox"/>		CURRENT ADDRESS (Number and Street) Abdine Zakaria 6065 N.W. 186th Street #309		CITY AND STATE Miami, Florida		ZIP CODE 33015	

NAME OF DRIVER (Taken From Drivers License) / PEDESTRIAN Abdelaziz Bilal Hamze		CURRENT ADDRESS (Number and Street) 4708 S.W. 23rd Terrace		CITY, STATE & ZIP CODE Dania Beach, Florida 33023		DATE OF BIRTH 04-23-1983	
DRIVER LICENSE NUMBER H520-002-83-143-0		STATE FL		DL TYPE 5		ALCOHOL TEST TYPE 1. Blood 2. Urine 3. Meas 4. Breath 5. Random	

HAZARDOUS MATERIALS PLACARDED BEING TRANSPORTED		IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND ON BOX OR PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND		WAS HAZARDOUS MATERIAL SPILLED		RECOMMENDED DRIVER EXAM, IF YES, EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO. Unknown	
1 Yes 2 No <input checked="" type="checkbox"/>		1 Yes 2 No <input checked="" type="checkbox"/>		1 Yes 2 No <input checked="" type="checkbox"/>		1 Yes 2 No <input checked="" type="checkbox"/>		1 Yes 2 No <input checked="" type="checkbox"/>	

DRIVER ACTION 1. Position 2. HE & Run 3. N/A	YEAR 66	MAKE Cadl	TYPE 01	USE 01	VEH LICENSE NUMBER BC4 256	STATE FL	VEHICLE IDENTIFICATION NUMBER B6198883	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREAS			
VEHICLE TRAVELING <input checked="" type="checkbox"/> ON <input type="checkbox"/> AT <input type="checkbox"/> Est. MPH 10 <input type="checkbox"/> Posted Speed 45								EST. VEHICLE DAMAGE 2500.00		EST. TRAILER DAMAGE 9	

MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) Progressive American Ins. Company		POLICY NUMBER 28342724		VEHICLE REMOVED BY: Westway Towing		1. Tow Station Ltd 2. Driver 3. Tow Owner's Request 4. Other	
NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street) Broward Sheriff's Office 2601 W. Broward Blvd.		CITY AND STATE Ft. Lauderdale, Florida		ZIP CODE 33311	

NAME OF DRIVER (Taken From Drivers License) / PEDESTRIAN Michael Williams		CURRENT ADDRESS (Number and Street) 705 Riverside Drive		CITY, STATE & ZIP CODE Ft. Lauderdale, Florida		DATE OF BIRTH 08-28-1981	
DRIVER LICENSE NUMBER W452-552-81-308-0		STATE FL		DL TYPE 5		ALCOHOL TEST TYPE 1. Blood 2. Urine 3. Meas 4. Breath 5. Random	

HAZARDOUS MATERIALS PLACARDED BEING TRANSPORTED		IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND ON BOX OR PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND		WAS HAZARDOUS MATERIAL SPILLED		RECOMMENDED DRIVER EXAM, IF YES, EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO. 954-793-3785	
1 Yes 2 No <input checked="" type="checkbox"/>		1 Yes 2 No <input checked="" type="checkbox"/>		1 Yes 2 No <input checked="" type="checkbox"/>		1 Yes 2 No <input checked="" type="checkbox"/>		1 Yes 2 No <input checked="" type="checkbox"/>	

VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver / Ped.)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE	LOCATION IN VEHICLE
01 Automobile 02 Van 03 Light Truck / P.U. - 2 or 4 wheel drive 04 Medium Truck - 4 wheel drive 05 Heavy Truck - 2 or more wheel drive 06 Truck Trailer (Cab - Bobtail) 07 Motor Home (RV) 08 Bus (driver + seats for 9-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Truck 15 Low Speed Vehicle 77 Other	01 Private Transportation 02 Commercial Passenger 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire / Rescue 10 Military 11 Other Government 12 Other 13 Commercial Motor 14 Garbage or Refuse 15 Cargo Van 77 Other	01 Single Wheel Trailer 02 Tandem Wheel Trailer 03 Truck Trailer 04 Single Wheel / Folded 05 Boat Trailer 06 Utility Trailer 07 Horse Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other	1 County of Crash 2 Elsewhere in State 3 Non - Resident of State 4 Foreign 5 Unknown DI TYPE RACE 1A 2B 3C 4D / Classifier 5E / Operator 6E / Oper - Pilot 7 Other REQUIRED ENDORSEMENTS 1 Yes 2 No 3 No Endorsement Required	1 No Defects Known 2 Eyesight Failed 3 Fatigue / Asleep 4 Hearing Defect 5 Drowsy 6 Distraction, Etc., or Other 7 Other Physical Defect INJURY SEVERITY 1 None 2 Possible 3 Minor - Incapacitated 4 Suspected 5 Fatal (Within 30 Days) 6 Non - Traffic Fatality	1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Not Being Driven 6 Pending ALCOHOL / Drug Test Results SAFETY EQUIPMENT IN USE 1 Not in Use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air Bag - Not Deployed 6 Safety Harness 7 Eye Protection	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body of Truck 8 Bus Passenger 9 Other EJECTED 1 No 2 Yes 3 Partial

HSMV 90001 (REV 01/02)